

JOB PLACEMENT ACTIVITY PLAN

CLIENT NAME _____ SSN (last 4) _____

DISTRICT _____ COUNSELOR _____ MONTH: _____

CLIENT VOCATIONAL GOAL: _____

SECTION I. CONTINGENCY ISSUES/EMPLOYMENT BARRIERS AND ACTIVITIES TO MITIGATE ISSUES.

This section is required for ALL reports. If no barriers have been identified enter "NONE"

Include any contingency issues or employment barriers that have been identified and are still being worked. Any situation which may impact employment should be listed in this section. Examples could be: transportation, elder/child care, etc.

SECTION II. PLACEMENT SERVICES PROVIDED THIS MONTH. This section is required for all reports except the initial report which is completed during the job readiness phase.

Include any placement activities conducted during the past month. Comments should include information clearly showing CRPs role in placement activities. Simply listing the client's activities is NOT sufficient to warrant payment of Job Placement fees.

Include details about the activities that were listed in the Placement Services Planned section of the previous month's report. If planned activities did not take place, provide explanation.

Once the client has started employment this section should be used to document monthly follow up contacts with client to ensure any employment issues are addressed.

SECTION III. PLACEMENT SERVICES PLANNED FOR UPCOMING MONTH. This section is required for all reports. If client has started employment this section is to be used to document monthly follow up activities.

Include all services and activities planned for the next month. Details should cover whether each activity is to be done by the CRP, the client or to be completed jointly.

Planned services should include a list of potential employers the CRP/client will research or submit application to in the upcoming month.

Additional Comments:

Client Signature Date

Employment Specialist Date
JP Attachment